



**Massachusetts Department of Environmental Protection**  
*Bureau of Waste Site Cleanup*

**BWSC107C**

**TIER II TRANSFEROR CERTIFICATION**

Pursuant to 310 CMR 40.0560 (Subpart E)

Release Tracking Number

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**A. PERSON TRANSFERRING A TIER II CLASSIFICATION:**

1. Check all that apply: ☐ a. change in contact name ☐ b. change of address

2. Name of Organization: \_\_\_\_\_

3. Contact First Name: \_\_\_\_\_ 4. Last Name: \_\_\_\_\_

5. Street: \_\_\_\_\_ 6. Title: \_\_\_\_\_

7. City/Town: \_\_\_\_\_ 8. State: \_\_\_\_\_ 9. ZIP Code: \_\_\_\_\_

10. Telephone: \_\_\_\_\_ 11. Ext.: \_\_\_\_\_ 12. FAX: \_\_\_\_\_

**B. RELATIONSHIP TO THE DISPOSAL SITE OF PERSON TRANSFERRING A TIER II CLASSIFICATION:**

☐ 1. RP or PRP ☐ a. Owner ☐ b. Operator ☐ c. Generator ☐ d. Transporter

☐ e. Other RP or PRP Specify: \_\_\_\_\_

☐ 2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ 3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ 4. Any Other Person Making Submittal Specify Relationship: \_\_\_\_\_

**C. CERTIFICATION OF PERSON TRANSFERRING TIER II CLASSIFICATION:**

1. I, \_\_\_\_\_, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: \_\_\_\_\_ 3. Title: \_\_\_\_\_  
Signature

4. For: \_\_\_\_\_ 5. Date: \_\_\_\_\_  
(Name of person or entity recorded in Section A) mm/dd/yyyy

☐ 6. Check here if the address of the person providing certification is different from address recorded in Section A.

7. Street: \_\_\_\_\_

8. City/Town: \_\_\_\_\_ 9. State: \_\_\_\_\_ 10. ZIP Code: \_\_\_\_\_

11. Telephone: \_\_\_\_\_ 12. Ext.: \_\_\_\_\_ 13. FAX: \_\_\_\_\_